Proceedings

Proposition 36: Strengthening the Foundation

County Lead Agency Implementation Meeting (C.L.A.I.M.)

and

Substance Abuse and Crime Prevention Act of 2000 (SACPA)

California Department of Alcohol & Drug Programs

September 17-18, 2002
Sacramento, California

Executive Summary

More than 400 representatives of the lead agencies implementing Proposition 36 in California's 58 counties gathered in Sacramento on September 17th and 18th, 2002, to receive training and to share their experience. The County Lead Agency Implementation Meeting (CLAIM) was a prelude to the third annual Proposition 36 technical assistance conference, "Making It Work! 2003" scheduled for San Diego, February 3-5, 2003. This forum was funded and sponsored by The California Endowment, the University of California at San Diego, and the California Department of Alcohol and Drug Programs. We acknowledge the following organizations, for their support: California Administrative Office of the Courts, California Association of Addition Recovery Resources, California Association of Alcohol and Drug Program Executives, California Association of District Attorneys, California Board of Prison Terms, California Campaign for New Drug Policies, California Department of Corrections, California Narcotic Officers Association, California Organization of Methadone Providers, California Office of the Attorney General, California Peace Officers Association, California Police Chiefs Association, California Probation, Parole, and Correctional Association, California Public Defenders Association, California State Sheriff's Association, California Society of Addiction Medicine, California State Association of Counties, California Youth and Adult Correctional Agency, Chief Probation Officers Association of California, County Alcohol and Drug Program Administrator Association of California, Charles and Helen Schwab Foundation, County Supervisors Association of California, and SAG Members.

One purpose of the CLAIM meeting was to generate recommendations for agenda being developed for the February conference. There was special emphasis on identifying issues associated with developing a system of a continuum of care for drug users and treating those with mental health problems and other co-occurring disorders.

Kathryn P. Jett, Director of the California Department of Alcohol and Drug Programs (ADP), told the opening session of the CLAIM conference that the steps taken at the county level to implement Proposition 36 represented "democracy in action" because it brought together local leaders with contrasting views about offering treatment as an alternative to incarceration for non-violent drug offenders. One task, she said, is to educate communities about the chronicity of addiction and help them understand how treatment works.

Del Sayles-Owen, Deputy Director of ADP's Office of Criminal Justice Collaboration, discussed many of the questions that surfaced during the first year of Proposition 36 implementation and how the first annual report currently in preparation would help answer them. The Statewide Advisory Group on Proposition 36 has been studying issues that require adjustments in procedures and regulations—data collection, allocation of funds, drug testing, licensing and certification, and other issues.

Much of the conference time was devoted to a wide range of breakout sessions dealing with specific aspects of setting up and maintaining a collaborative system for implementing Proposition 36 at

the county level. Experts on various aspects of Proposition 36 requirements, involving the courts, parole, probation, treatment providers and others, conducted 30 workshops and information-sharing sessions, some of them repeated to increase the number of participants attending. The sessions also helped counties understand the kind of data needed for ongoing evaluation of the Proposition 36 effort.

At a final general session before the close of the conference, Dr. Judith Martin of the 14th Street Clinic in Oakland reported on the evidence supporting pharmacotherapy and the use of "methadone" in treatment of opiate addiction. She emphasized that methadone was a treatment, not a cure, for addiction, and that it poses the same kind of need for changes in lifestyle that are required to treat diabetes and hypertension. She said the stability afforded by the proper dosage of methadone provides an opportunity for addicts to work on personal and spiritual issues associated with recovery.

The conference was adjourned after the general session heard reports and recommendations from focus groups from small, medium-sized and large counties on continuum of care and co-occurring disorders. The reports included calls for a more adequate system for providing mental health treatment to Proposition 36 clients with co-occurring disorders, clarification of the exact meaning of "treatment" in terms of Proposition 36, and clarification of a number of issues surrounding the allocation of funds. Del Sayles-Owen said at the conclusion of the conference that participation provided some "marvelous suggestions" for a co-occurring disorders curriculum at the upcoming February conference.

Kathy Jett brought the conference to a close with words of appreciation to participants representing small, medium and large counties. She praised the work of ADP's Proposition 36 staff and the UCSD staff in organizing and providing services at the conference.

First General Session – Tuesday, September 17, 2002

SACPA Update

Kathryn P. Jett opened the conference with a reminder that Proposition 36 has moved from being a controversial ballot initiative to being an example of "democracy in action" in its implementation. "After more than 60 percent of the people in California said we prefer treatment over incarceration, what happened? Democracy started to happen." Many people from other parts of the country are watching how California is changing the way it deals with drug offenders.

"You have the toughest jobs because you are at the local level," she told the county team leaders. "You are the individuals who are taking this law and helping us find out what is working and what isn't." She introduced members of the SAG, which is meeting regularly to try to answer tough questions and deliberate difficult issues. She said collaboration is the key, both at the state and local levels, and ideas are being exchanged about important issues in the implementation of the new law.

Jett reviewed the program for this conference, noting that there would be special focus on two areas: developing a system for the continuum of care, and dealing with co-occurring disorders among Proposition 36 clients. One task is to educate communities about the chronicity of addiction and help them understand treatment, she said. "We need to educate people so they have realistic expectations about what we're doing. Giving Proposition 36 the fair chance it deserves will require your getting together with people you never would have thought you'd be breaking bread with."

SACPA After One Year

Del Sayles - Owen then took the podium, recalling that the implementation of Proposition 36 was being carried out under three guiding principles. First, the first year would serve as a baseline for judging the progress of programs and what works best. Second, that implementation would be under local control, giving counties "the freedom to design systems that work for them." And third, there would be collaboration among all stakeholders at both the state and local levels.

She reviewed the challenges that have confronted those individuals responsible for implementing the proposition: assuring that offenders would have access to treatment; drafting regulations that would give clients sufficient opportunity to succeed in treatment; assuring that treatment is effective; and assuring that clients are not a public safety risk while they are in treatment. She went on to describe progress in preparing a new county plan summary, which updates the county plan summary prepared for first-year plans. "We want you to know that your plans are very popular among external stakeholders," she said. "We get requests for copies of your county plans and we share them."

Sayles-Owen then went over some questions involving audits. "We are required to audit each county annually, and to date we have reviewed 54 of the 58 counties, looking at the expenditure of start-up funds. We have issued about 25 reports on those audits, and the 29 remaining are in various stages of field work." She noted that ADP had set up an audit desk at this conference to answer questions.

The formula for allocating Proposition 36 funds to the counties has been the subject of considerable discussion by the SAG, she continued. The formula used for the allocation of $60 million in the first half-year of the program was used for the allocation of $120 million in the first full year that followed, but the SAG has asked the Department's Fiscal Work Group to consider whether the formula should be changed in future years.

She congratulated the counties for their response to a request that their biannual program reports be submitted online, and she noted that no county had been subject to the 25 percent penalty for failing to submit their required reports. "Even the smallest counties responded, and I congratulate you all on turning this corner in automation."

In addition, efforts are being made to smooth out some "bugs" in the use of the web-based system. A team from California State University at Bakersfield is advising ADP on possible changes in what information is to be included in the reports and how it should be provided. Some information may not be as critical, while some additional data may be required.

"We do know that we are not collecting information on ancillary or additional services in the way that everyone is interested in knowing. Many of you have your ancillary services provided by your treatment providers, and sometimes the cost is woven into treatment costs and it is hard to tease such costs out of a treatment invoice. Some counties are being very creative and resourceful in using existing funding resources from other programs to deliver those ancillary services. However, we have a system that only reports to us how you're spending your SACPA dollars."

Another issue now emerging, she added, is how to measure the impact of Proposition 36 on court costs, and this is under study by the California Judicial Council and the Administrative Office of the Courts.

Sayles-Owen then turned to the subject of regulations. First, she reported that no public comment had been received on the proposed emergency regulations on drug testing, and that these regulations would be put into effect by January 1, 2003.

As for the evaluation of the implementation effort, there were dual requirements set forth in the law. On the one hand, it is required that a long - term evaluation is to be completed by 2005. University of California of Los Angeles is conducting the evaluation, with a provision that interim reports are to be submitted between now and 2005 on an annual basis. A second requirement is that ADP inform the Legislature annually on the effectiveness of the program. The first of these reports is now in preparation. She said the ADP annual report is being based on information from three sources—the SACPA Reporting Information System, or SRIS; the California Alcohol and Drug Data Set (CADDS) from treatment providers; and California Treatment Outcome Project, with reports from 13 counties involved in an outcome pilot study. The first report, she pointed out, would not include CalTOP data on successful completions because the report only covers the first six months of program implementation. "In future reports we hope to give more information about what happens in terms of discharges and successful completions and other kinds of impacts," she said.

She then discussed seven key questions that will be addressed in the first report:

1. *How many offenders are referred from criminal justice to treatment?* While the initial county plans had estimated that 71,000 persons would be served statewide in the first year, the actual number in the first six months turned out to be about 12,000. However, many counties said the flow of clients was rising in the second half of the year. "The unanswered question being, how this will change projections that counties make for 2002-2003."

2. *How did the service delivery system respond to the anticipated increase in the demand for services?* The ADP licensing and certification staff did a "tremendous job" in responding to applications. There was an increase of about 42 percent in treatment capacity in the first six months of the program (an 18 percent increase in residential program capacity and an 80 percent increase in outpatient capacity). "What counties are telling us is that the need for residential is a lot higher than they originally anticipated."

3. *What do SACPA clients admitted to treatment look like?* The client population is older than what many counties anticipated. Some are finding they need fewer Level 1 slots than planned, and more Level 2 and Level 3 slots. Nearly half of the clients in the first six months were using methamphetamines.

4. *What treatment services were delivered?* Most of the clients received outpatient treatment. However, many counties need more residential treatment capacity. "We know that many counties are using combinations of intensive outpatient treatment with such things as sober living and other kinds of housing in order to meet the needs of their clients."

5. *How much was spent on SACPA services?* Because counties anticipated 71,000 clients in the first year, the amount they spent in treating 12,000 clients in the first six months was far less than projected. "So it is not a surprise to us that counties will be rolling forward funds from fiscal year 2001/2002 to the following year."

6. *How were SACPA dollars distributed between criminal justice and treatment?* In the 12 largest counties there was a split of about 64 percent for treatment and 36 percent for criminal justice. However, since infrastructure was being set up during the early period it is likely there will be a shift in the dollars going to treatment as time goes on.

7. *How do SACPA clients compare with other clients admitted to treatment?* The answer to this question will be based on data coming into the CADDS system which provides for a subset of SACPA clients among all criminal justice clients.

Sayles-Owen went on to discuss drug testing, and pointed out that testing is taking place in all 58 counties. It had been anticipated that about 35,000 people would be tested during the 2001-2002 fiscal year. She said 26 counties were using 100 percent of their money for drug testing, while the rest were using it in a split between testing and other allowable purposes.

She reminded the county leaders that drug treatment providers had to be licensed or certified to be eligible to receive funds, and this applies to a county's lead agency as well. "Those rules about when you change a building or change a location does apply to the lead agency, so it's really critical that you maintain your certification." She added that under certain circumstances the Department accepts Drug Medi-Cal certification and that ADP also is planning to issue some clarification of policy regarding allowable court and related costs of drug testing and ADP also expects to be clarifying questions regarding methadone maintenance and aftercare, dismissal of charges, completion of treatment, cross-jurisdictional issues including out-of-county supervision, the calculation of the term "12 months of treatment," and of medical marijuana.

Sayles-Owen called attention to the fact that the Charles and Helen Schwab Foundation had provided funding to help counties develop information kits about their Proposition 36 plans, getting the message out to stakeholders.

"It's too soon to make long-term predictions about the success of the Proposition 36 program, but it's safe to say we're establishing a very, very strong foundation for future years. I appreciate all the new partnerships that have been developed at the local level, and we're trying to mirror that same thing at the state level."

Questions and Answers

In the question period, Scott MacKay of Shasta County said a workshop would be valuable to explore ways of handling probation, treatment and funding issues for clients who have not completed treatment at the end of one year. Sayles-Owen acknowledged that this was a "burning issue," and while there were no workshops scheduled to explore it at this conference, the high level of concern about the issue means that it would be considered when planning the agenda for the "Making It Work! 2003" conference February 3-5, 2003, in San Diego.

Frank Brezel, supervisor of the STOP program in Napa County, pointed out that a probation officer is part of the Proposition 36 unit and there is uncertainty about how to address monitoring and supervision of clients from states as far away as Texas. Sayles-Owen said that counties had been advised about how to allow for certification to occur in border states, but the problem is more difficult when it involves states farther away. This issue will be addressed in the future, she said.

Dee Cunningham of Yolo County wondered if the final requirements for compiling data would be known sufficiently in advance of the filing deadline for annual reports. Sayles-Owen said any changes to be made in SRIS, would be done early enough to provide plenty of lead-time for the counties to assemble the data.

Tara Shepherd of Modoc County, stated that Modoc was spending some of its Proposition 36 drug testing money on testing for non-SACPA clients. She then asked how can this be reconciled when reports are made covering only SACPA clients? Sayles-Owen noted that it creates a complex situation when funds can be used for multiple purposes, and suggested that clarifications may be made in the note section of the county's SRIS report. She added that counties must be careful to comply with federal requirements when using these monies for drug testing.

The remainder of the first day of the conference and much of the second day was devoted to breakout sessions on a variety of themes, including separate sessions for small, medium, and large-sized counties dedicated to co-occurring disorders and continuum of care issues. One session also was devoted to review of the SACPA evaluation by the University of California at Los Angeles (UCLA), and was limited to representatives of the 10 "focus" counties being evaluated. Reports from the sessions on co-occurring disorders and continuum of care were delivered to a general session of the conference and are included in the main body of these proceedings. Digests of reports from note-takers at the other breakout sessions begin on Page 17 of the proceedings.

Second General Session – Wednesday, September 18, 2002

Conference Day One Review

The second general session of the conference opened with comments by **Del Sayles-Owen** on Senate Bill 1447 (Chesbro), signed by the Governor on September 13, 2002. This bill confirms that reimbursement paid to a narcotics treatment provider for people in SACPA does not constitute a "usual and customary charge" to the public under Medi-Cal. "What this means," she explained, "is that those providers who are doing narcotic replacement therapy will not be negatively impacted if they have a lower rate for SACPA clients than they do for the rest of Drug Medi-Cal." The bill also permits narcotic treatment providers who currently use streamlined performance reports to continue to do so. It removes dosing limits on two medications dispensed to opiate-addicted patients, and it sets forth additional criteria for establishing rates under Medi-Cal.

She went on to explain some major changes in the way treatment services are delivered to parolees, and she pointed out there was standing room only at a breakout session at which these changes had been discussed. ADP will issue a letter explaining the changes, she said. She applauded the Board of Prison Terms and the Department of Corrections for their "diligent efforts" for bring about this change so quickly. Praise for the agencies also came from **Mike Brady,** consultant to President Pro Tempore, Senator John L. Burton**.** Brady spoke briefly at the session, said there was an obvious need for "fine tuning" of Proposition 36 systems. "We've got some problems, but not problems we can't work out."

Kathy Jett described her visits to some of the workshops held the previous day, and noted that successful approaches were shared regarding "courtesy supervision" of people on probation when they are arrested and tried in one county and live in another county. She noted that a workshop on collaboration was heavily attended, and there was much discussion about how to motivate some sectors in the community to get behind implementation of Proposition 36. She noted, the County Administrative Officer (CAO) controls the trust fund in many counties, and one of the tips we picked up in that workshop is that if you don't have somebody from your CAO's office in your collaborative you might want to consider that."

Jett commented on the way counties are resolving problems encountered as they establish their Proposition 36 procedures. "By and large we are learning a lot from the counties. They experience problems we hadn't identified yet, and they also come up with interesting solutions to those problems."

The Evidence Base for Maintenance Pharmacotherapy

Judith Martin M.D., Medical Director of the 14th Street Clinic in Oakland, gave the general session an explanation of the evidence supporting the use of "Opiate Pharmacotherapy", (better known as methadone maintenance) in the treatment of addiction. "Medicine does not have a cure for addiction," she said. "We have several models for treatment of addiction that have been developed over the years, and we use all of these in the narcotics treatment program or methadone clinic." Like other chronic illnesses, such as asthma, diabetes and hypertension, addiction requires a change in one's approach to life. "Adjustment to the idea of a chronic illness is part of the patient's task, and it is sometimes a painful and difficult task. You have to know that the illness is going to be there the rest of your life whether you control it or not."

She described differences between addiction and other chronic illnesses. The addict has been marginalized by society and may have been involved in criminal activity. The support system for addicts has been destroyed. "Their closest friends usually are friends who have been using with them. It's extremely painful to give up people you've been close to for a long time. It's hard work to change those relationships."

Martin said methadone is an opiate, but a kind of opiate different from heroin. She discussed the way people feel at different levels of opiate experience, from the "high" at one end to the "low" of being sick or in withdrawal. In between is a "comfort zone" in which the person is functional. "That's what we're aiming for in our treatment—to keep them in that area where they can drive a car, write a check, take the kids to school, and do all the things that normal people do, including learning and spiritual growth." When taking a dose of methadone there is no sudden "rush" of the kind that is extremely addictive in the case of other opiates. There is more of a gradual "hump" rather than a sharp peak. The effect gradually drops, but the patient does not go into withdrawal before the next dose. The area of comfort can be considered a "platform" for the person to do his or her recovery work.

Why is methadone better than heroin? "Of course, it's legal—you won't be arrested for taking methadone," Martin explained. "You avoid needles, which in Hepatitis C and AIDS epidemics is key, and you avoid some other infections you can lose a leg or an arm over. You know what you're getting. You're not getting some extraneous mixed-in drug. The slow onset, the slow hump, is less addictive. What that implies for methadone patients is that they don't have to chase after their dose. They can be on the steady same dose for years and years. And the tolerance does not increase. The fact that it's long-lasting means they can maintain the comfort zone between doses. And it stabilizes the rest of their body and leads to better health." She pointed out that patients may become physically dependent on methadone, but not psychologically dependent.

Martin went on to describe how methadone is administered under observation at a "dosing window" at the 14th Street Clinic, and how counselors who are Ph.D. candidates in clinical psychology work with patients on their recovery. She explained how various dosages are arrived at, and what side effects can be anticipated. She also addressed the question of how long a patient should stay on methadone. Studies indicate that 60 percent of persons who end methadone treatment will relapse within four to six months, and 82 percent will relapse within 10 to 12 months. Research is trying to determine why this is so. One theory is that heroin use causes changes in the brain, and even three or four years after withdrawal from methadone there is something not quite right in the brain metabolism. "That's why successful patients stay engaged in their 12-step programs and their treatment, and go to their groups and so on." The important thing to remember, Martin concluded, is that "methadone is not a cure—it's a treatment."

Issues and Recommendations on Continuum of Care

Focus groups of representatives of small, medium, and large-sized counties met during the conference to hear from experts on continuum of care and co-occurring disorders. They also developed recommendations for questions to be explored at the "Making It Work! 2003" conference. Reports from these focus groups were delivered at the final general session of this conference. Among the highlights:

Small-Sized Counties

Kathryn Frost, ADP, Office of Criminal Justice Collaboration (OCJC), reporting on the continuum of care discussion by small counties, said the feeling is that intensive outpatient treatment appears to promise the greatest success in reducing recidivism. "The observation was made that after seeing the same client over a period of time, there has been a breakthrough after the first six to twelve months." Transportation is a major issue in most of the small counties, she continued. It was said that most Proposition 36 clients, as well as clients of other drug treatment programs, have no driver's license, and need transportation assistance in order to comply with the law.

Colusa County has developed a drug court model with court and probation representatives. "The judge sees each Prop 36 person every two months. Petitions to revoke probation and/or issue warrants were running at about 75 percent. Collaboration is improving compliance rates. They're assisting individuals to remain clean and sober, and with increased contact with the courts they're hoping the numbers will improve. When treatment counselors are involved with the judiciary, they're having better success."

Frost said small counties see a need for audit standards clarifying what constitutes treatment (the number of hours, the number of days and weeks) and finally, aftercare.

One County noted that most of its voters opposed Proposition 36 and there is a need to "sell" it to prosecutors and the Board of Supervisors as well as to the public. There was also a discussion of sanctions, and how those in Proposition 36 cases need to be different from those in drug court cases. "An individual who threatened a drug court officer in one county was sentenced to 800 hours of community service. The comment was that this really got the client's attention."

Medium-Sized Counties

Marlies Perez, ADP, Office of Criminal Justice Collaboration (OCJC), reported on the continuum of care discussion by medium-sized counties and reviewed a number of potential "best practices" that might help various counties. "One recommended was to explore "specialized services for sociopathic clients," she said. "It's felt that moving them away from other clients would help give them better treatment." Monterey County has dropped the practice of prescribing three levels of treatment, and is letting providers determine what kind of treatment the client needs.

Perez reported Santa Barbara's treatment system is characterized by referrals that are clearly communicated, and assessments that are standardized. "They have consistent reporting, greater collaboration, and their county agencies now have a mutual mission."

A number of counties talked about providing gender-specific services, and some are finding that pairing outpatient services with sober living can cut costs and deal with a shortfall in residential treatment capacity. Counties are having problems not only with finding treatment for dual diagnosis clients, but also for clients with medical issues. One of the largest concerns expressed is that perhaps

there is going to have to be a rationing of services if need exceeds the funding. Counties are also finding a need for interpreters. One county was having problems dealing with language needs of clients from Southeast Asian countries, and there are cultural issues that require assistance.

Finally, Perez said the group recommended that ADP provide for regional conferences for providers. Among the questions to be explored is how counties determine design systems of care within available funding, including the blending and linking of care. Also, they want to explore how to encourage family participation in treatment.

Large-Sized Counties

Bruce Occena, Community Substance House Services, San Francisco reported on the continuum of care by the group of large counties. Noting that the group had been asked to discuss whether assessment or availability of resources should determine treatment placement, it was agreed that the correct answer is assessment. As to what kind of challenges are arising in terms of waiting lists and unmet needs, the answer is not so clear. "Basically…at least this far into SACPA, the larger counties are not experiencing chronic wait lists. There may be some short time to wait for residential treatment until the next slot opens, but it is not a chronic problem." What the larger counties do face, he pointed out, is improving the integration of their systems, redesigning them, and enhancing them.

Occena identified co-occurring disorders as a thread running through problems in all the counties. "There are a lot of severe co-existing needs that our systems are not in a good position to address. There were a lot of references to increased collaboration and integration with mental health services." Specifically, Ventura County reports expanding its mental health component and adding a perinatal program. San Diego County spoke about enhancing communication and collaboration between mental health systems, and is addressing housing shortages and other issues as well. Alameda County is working on expanding mental health services and developing a more formal aftercare system. San Bernardino County wants to increase both mental health services and aftercare, to solve housing problems, and to decrease dropout rates. Orange County is seeking more SACPA funding for psychiatric and ancillary services. Santa Clara County reports intensified diversion programs, increased mental health caseloads, and development of mental health case management. "A theme running through all this is the need for services for the more severely impaired clients," Occena said. "I think all of the counties are trying to figure out how to enhance or adjust their current systems to address this better."

He said members of the group recommended that ADP give attention to the following issues:

- Better communication on regulations.
- Clarification of allowable costs and other audit issues.
- Assistance in developing local capacity for populations with special needs, such as language needs.
- More definitive and timely guidelines from the State. (Occena noted, however, that there was an expression of feeling that guidelines, which are less than "definitive," leave more room for local initiative.)
- More timely issuance of regulations, and in a form that is more user-friendly and easier to follow.
- Addressing a range of acceptable practices. On this issue, Occena said the fact that counties were broken up into small, medium and large for these workshops suggests that the range of acceptable practices might depend on the size of the county.

• Assistance with issues around the relationship between Proposition 36 and existing drug courts and other court-mandated diversion programs—"how SACPA fits with what was on the ground before passage of Prop 36."

Issues and Recommendations on Co-Occurring Disorders Curriculum Development

Small –Sized Counties

The report for small-sized counties was delivered by **Tom Antoon,** Trinity County Alcohol and Drug Services; he noted that small, rural counties generally have fewer resources and disproportionately high needs in treating drug problems. He said there is research to bear this out. "A couple of years ago in Humboldt County the public health officer did some research and actually flushed out some statistics that said small rural counties in California do have a disproportionately high incidence of substance use and addiction on a per capita basis than what you might find in some of the larger counties. So there is some justification for our concern."

There is a constricted infrastructure for dealing with drug clients in the small counties, he continued. Most of them cannot afford to recruit and retain psychiatrists and to provide full-time psychiatric services. "If you only need someone for maybe one or two days a week, it's pretty hard to find someone to come and perform those services…Some of us are using tele-psychiatry in order to have access to those kinds of services for our clients." He said part of the problem lies in the "dualistic" approach to mental health and drug treatment at the federal and state levels, with a separation of the funding streams and infrastructure that supports them. The group recommends that mental health cohorts participate in the February 2003 SACPA conference for discussion of dual diagnosis issues. He noted that a problem also exists in treating physical problems that are coupled with a dual diagnosis. "Physical health issues are not being addressed, and we don't even have those people at the table with us here to discuss the problem."

Also looking at the February 2003 conference agenda, the group proposed that there be an interdisciplinary panel on dual diagnosis issues, including not only alcohol and other drug treatment people but also representatives of mental health, criminal justice, and public health segments. It might also be beneficial, Antoon said, if the legislative branch was represented. "This might help us think through how to eliminate or at least ease our way through some of the structural and categorical funding obstacles we have to deal with in treating the dually diagnosed population."

Medium-Sized Counties

Larry Bogatz, of San Mateo County Alcohol and Other Drug Services, made the report from the medium-sized counties. He said his group framed its discussion in a way different from what was heard from the groups on continuum of care. The group talked mainly about promising strategies for meeting clinical needs and fiscal needs. He also noted that the discussion leader, Igor Koutsenok, had introduced them to a new term to describe co-occurring disorders—"clients with multiple problems."

The group hopes to see assessment and treatment access on the agenda for the February 2003 conference, he continued, pointing out that treatment access "crosses over into all the other areas…a systemic problem with a fiscal impact also." The group discussed the need for a "triage scheme," a way of getting people into the services they need. Once that system is in place, the challenge is to develop engagement strategies that will "get the folks into treatment."

The systemic issues discussed included case management models, with the point being made that some cases require intensive management. This becomes a fiscal issue because the resources to provide

intensive case management are not necessarily there. Housing is another systemic issue with a fiscal impact—"How are we going to provide supportive housing for a number of folks once they complete treatment or as they develop stability and re-enter whatever life they're choosing?" There is also a need to develop social habilitative life skills so that clients can become self-supporting.

The group also discussed the cost-shift taking place under Proposition 36—the savings in keeping these offenders out of jail and out of prison and how this can be brought back into the community to support community-based services. "To do this, we all agreed we need an integrated system…When someone needs to be assessed for mental health, they need to be abstinent from substance abuse…and after substance abuse they may need to be stable on medication. So it's a model that's contradictory and prevents people from getting into treatment."

Other recommended subjects for the February 2003 conference:

- Cross-training of team members; training in treatment of dual-diagnosis clients.
- A need for continuing on-site experiential training, both by ADP and within each county.
- Some case-review presentations.
- Some presentations to develop assessment skills, with possibly a lecture on early recovery stages
- A survey of counties to incorporate some promising practices that are already in place.
- The definition of "not amenable to treatment." The definition is quite different from a criminal justice perspective than it is from a substance abuse or mental health perspective.

Large-Sized Counties

Marc Bono, Contra Costa County Health Services, reported out from the workshop for large counties. He said the group felt it was necessary to approach co-occurring disorders in terms of two distinct populations, 1) those who have a medical necessity for traditional mental health services, and 2) those with mental health problems that will interfere with their efforts at abstinence and recovery but who will not necessarily be able to utilize traditional mental health services.

The group also discussed screening and assessment, he continued. "Some of the counties in our group have developed what we believe are promising practices for screening, assessment, diagnosis, and service delivery…Each of us has a little different spin on it but we thought it would be extremely helpful if we could present those models to all of the counties. We felt that a case-story or vignette type of process would be a very helpful way of demonstrating those models."

Another issue is the need for reducing stigma associated with a dual diagnosis so clients would be more willing to discuss their mental illness. This would call for an openness on the issue, providing some services that would make clients feel it is worthwhile to address their mental health problem.

Bono said the group also talked about the fact that Proposition 36 clients now seem to be served by a richer level of resources than others in the system. "We talked about using Prop 36 as a way of implementing some promising models to inform the larger system of care about how it can be done better or how we can be more efficient with persons with co-occurring disorders."

Del Sayles-Owen said the reports included some "marvelous suggestions" for a co-occurring disorders curriculum at the February 2003 conference, and also would help inform the co-occurring disorders task force currently being convened by ADP and the Department of Mental Health.

Breakout Sessions

Strategies for Creating and Sustaining a Collaborative

Randy Snowden, Administrator, Napa County Health and Human Services Agency, Alcohol and Drug Programs
George Feicht, Alcohol and Drug Program Administrator, San Joaquin County Office of Substance Abuse

This session provided a discussion of program elements that make a collaborative effective, along with obstacles to overcome in creating and sustaining a collaborative relationship. It was suggested that key players be asked whom they would like to have on the Proposition 36 team. Providers of ancillary services should be represented. The team should set up its own governance rules and subcommittees, and an effort should be made to empower all participants. Members of the team should seek to understand the viewpoints of the courts, the district attorney, the probation department, treatment providers, and others. The team should be alert to territorial concerns and to conflicts among members. Recognizing the interdependence of all in implementing Proposition 36 should be a goal.

Issues noted in small-sized counties: Counties have experienced difficulty in getting players to join in the collaboration and struggles to obtain law enforcement support. How to handle confidentiality has also been an issue.

Issues noted in medium-sized counties: Even though top decision-makers are on board and working in collaboration, line staff may not be.

Issues noted in large-sized counties: Collaboration is difficult in counties where a majority of voters did not support Proposition 36.

Issues of particular concern: Counties have experienced difficulty in getting various entities to collaborate on the implementation team; participation of representatives of agencies providing ancillary services, such as child welfare services and CalWORKS.

Recommendations for future conferences on issues dealing with the courts and criminal justice system: How are probation departments providing supervision for Proposition 36 clients? What level of supervision is provided? How are various programs dealing with the small population of criminally-oriented and sociopathic clients?

Need for data: Who is being served? How are co-occurring disorders handled? What happens to clients in methadone treatment after 12 months? What additional offenses are Proposition 36 clients charged with? How are other states dealing with similar issues? How are the activities of Proposition 36 courts, drug courts, domestic violence courts, and mental health courts being coordinated?

Continuing Collaboration with County Lead Agencies and Treatment Providers

Larry Bogatz, Human Services Manager, San Mateo County Alcohol and Other Drug Services
Cindy Perry, Probation Officer, San Mateo County Adult Probation
Rhonda Ceccato, Director, Sitike Counseling Center

Key themes: Discussion of the San Mateo County referral process which was changed to improve retention rates; the need to set aside old beliefs to foster cooperation between the probation department and treatment providers.

Policy issues raised: Use of SACPA funds for psychiatric and medical services; how San Mateo County handles parole supervision. When a provider believes a change in the level of treatment is needed, does the court need to be involved? Problems in collecting and assessing data.

Issues of particular concern: Fear that limitations on parole funding would have a negative impact on evaluation. How is it that "dangerous" people are being admitted to SACPA programs? Inadequacy of assessment tools. Aftercare as a service separate from treatment.

Continuing Collaboration with County Lead Agencies and the Probation Department

Lynn Van Gilder, Proposition 36 Coordinator, San Bernardino County Department of Behavioral Health, Alcohol and Drug Services
David Oberhelman, Division Director, Probation Department, Ventura County
Del Royer, Substance Abuse Administrator, Solano County Health & Social Services

Key themes: How to engage stakeholders and improve the partnerships.
Schedule monthly meetings of stakeholders.
Establish relationships based on trust. Have a system where you can shape new developments in the partnership.

How is law enforcement responding to Proposition 36?
Develop efficient screening tools (Example from San Bernardino County).

Policy issues: How to monitor non-compliant clients? Probation department assigns officers as liaison to specific community agencies to ensure direct communication and close supervision.

Issues of particular concern, controversy or contention: Most probation departments do not assign an officer to conduct re-arrests; warrants are passed on to the sheriff's department. How do probation officers refer clients to lead agencies? Some law enforcement agencies need more education about Proposition 36.

Continuing Collaboration with County Lead Agencies and the Courts

Honorable Stephen Manley, Co-Chair of the Judicial Council of California and Judge of the Santa Clara County Superior Court

Key themes: The need for dialog among collaborative members. Does a proposal make sense? "Everything should be negotiable." The need to protect the integrity of the treatment process. Implementing Proposition 36 is a labor-intensive process. There is a need for a court-mandated six-month relapse prevention program, with aftercare for all Proposition 36 defendants. The clinical needs of clients should be the driving principle.

Issues of concern: Inconsistency in probation requirements by judges within the county. Recommended solution: talk with the county's presiding judge.

Problems and recommendations: A judge requires that every assessment and reassessment be done within 24 hours, with no excuses. Recommendation: Clarify the difference between screening, which can be done quickly, and assessment, which takes longer and has a need for privacy.

Judges have asked for a consistent drug testing policy applicable to all courts--Proposition 36, drug court, mental health court, and juvenile drug court. Recommendation: Dialogue on this issue among the courts, the county lead agency, and treatment providers is critical. Different consequences for dirty tests may be in order, depending on different systems.

Continuing Collaboration with County Lead Agencies and Parole Authorities

Joseph Ossmann, Community Program Manager, Proposition 36, Board of Prison Terms
Nate Davis, District Field Administrator, California Department of Corrections
George Feicht, Alcohol and Drug Program Administrator, San Joaquin County Office of Substance Abuse

The session included extensive explanation of new procedures for parole and probation activities effective October 1, 2002, with questions from the group on how this will affect the procedures in Proposition 36 cases.

Key themes: Decentralization of the parole agent process will foster collaboration and make parole agents more accessible. The Board of Prison terms will not be directly in the loop after October 1, 2002.

Policy issues. Reports need to contain more information about prior convictions and treatment history.

Issues of particular concern: Why doesn't the assessment report given to the parolee get sent to the local county? This point was not covered in the new parole procedures. Parole agents at the local level now will need new training to make the collaborative work.

SACPA Reporting Information System (SRIS) Validation Study

Laura Hecht, PhD, Co-Principal Investigator, California State University, Bakersfield
Larry Carr, PhD, SACPA Evaluation Coordinator, California Department of Alcohol and Drug Programs

Two sessions were devoted to discussion of the SRIS Validation Study being conducted by CSU Bakersfield and scheduled for completion by March 2003. The discussion leaders said it is important that the data collection is reliable, valid, and useful, and invited feedback from county staffs about their experiences in assembling and entering data into the SRIS system.

Some data is being entered into an Internet-based computer model, and there is also a questionnaire to be filled out in each county. The study also will use focus counties in the study, and counties are being asked to say what they would like to see in the study results. The counties do not need to collect any new information for the study, as one of its purposes is to determine what the counties know and what they do not know. Another purpose of the study is to project the need for treatment capacity in coming years. There is some confusion over the designation of "potentially eligible defendants" and those who are considered to be SACPA clients.

The discussion led to a recommendation that ADP define various terms used in data collection, including a clarification of ethnic designations used in describing clients. There is also uncertainty about whether "one year of treatment" refers to treatment days or calendar days. It also was pointed out that the system does not provide for recording the work hours that go into the probation department's determining of eligibility for Proposition 36 before action is taken by the district attorney.

Effective Strategies for Data Collection and Local Evaluation

Sharon DiPirro-Beard, Program Planner, Department of Health and Human Services, Alcohol and Drug Service Division, Sacramento County
Carol Nickell, SACPA Coordinator, Santa Barbara County Alcohol and Drug and Mental Health Service
Paul Wyatt, EdD, Assistant Deputy Director, Information Management Services Division, California Department of Alcohol and Drug Programs

Panelists explained the planning, development and implementation of an effective system for the collection, utilization and evaluation of client data. They said the 13 focus counties would be providing demographic data on nearly 16,000 clients served under SACPA. The study will also look at trend data, frequency of drug use, hospital utilization and outcome data.

Some discussion centered around the possibility that if a specific ethnic or racial segment of society included persons who were the heaviest users of cocaine, then it may appear that law enforcement was targeting that segment. This led to a suggestion that CalTOP provide information about the prevalence of drug use among various segments of the population.

It also emerged that certain drugs are used more frequently in one geographic area as compared with another. For example, methamphetamine is the most prevalent drug in Stockton and the San Joaquin Valley, while cocaine is most prevalent in Oakland.

In response to a question, it was pointed out that some databases and data collection tools can be shared with other jurisdictions; others are proprietary and cannot be shared.

SACPA Evaluation: Focus County Role and Upcoming Research Activities – Part I

Alameda, Kern, Los Angeles, Mendocino, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Shasta, and Ventura.

Douglas Longshore, PhD, University of California, Los Angeles
Larry Carr, PhD, SACPA Evaluation Coordinator, California Department of Alcohol and Drug Programs

A slide presentation answered many questions about the role of the 10 focus counties in Proposition 36 evaluation. The use of focus counties provides for more depth in research questions, access to county data and participation in data collection, and collaboration in analysis and feedback.

Offender rosters will facilitate contact for possible follow-up interviews between offenders and the UCLA team. Rostering begins in the fall of 2002 and takes place at pre-treatment assessment. At the assessment, the county will provide clients with an information sheet and postcard, and every two weeks the county will provide a list of offenders and contact information. The follow-up sample will be randomly selected from offender rosters. The UCLA team will be in touch with offenders via mail and telephone, receiving informed consent, with interviews conducted by telephone and in-person about 12 months after the pre-treatment assessment. A sub-sample of the group will be asked to voluntarily provide a urine sample.

A chart was displayed showing how clients will be moving through the SACPA pipelines from arrest or parole violation through conviction, assessment, treatment entry and treatment completion. County data will be accompanied by data from statewide databases. The focus group plan calls for collecting in-depth information from a maximum of 12 representatives of stakeholder groups in each county. Each "round" of data-gathering is expected to last about two hours and will take place at a county facility.

The topics will include the most important changes experienced, the impact of those changes, the decision-making process, barriers and issues encountered, successes, and recommendations for improving SACPA implementation. The substantive issues driving the evaluation are: learning how to improve implementation, examining the role of SACPA and drug courts, and lessons to be learned from similar counties.

In answer to a question about potential language problems, it was pointed out that the information sheets for clients will be available in English and Spanish, and county staff will have to help convey the information to those who speak other languages.

SACPA Evaluation: Focus County Role and Upcoming Research Activities – Part II

Some of the questions raised at this session include: What has happened to arrest rates for SACPA-eligible offenses? What are the variables and their effects? What is the effect of SACPA on probation departments as far as drug testing is concerned? What is the reporting process for reporting non-compliance and the process for determining the outcome of non-compliance? What has been the effect of SACPA on development of informants and on case development through the use of informants?

A probation supervisor raised the question of how counties will be able within their resources, to incorporate early intervention in their programs. Another participant noted that reviewing statewide databases is a huge task, and he wondered what the hypothesis is regarding what may be found.

Judge Stephen Manley pointed out that Proposition 36 calls for looking at outcomes, raising the issue of why it is necessary to look at variables and motives in law enforcement. Who has said that a change in behavior in the criminal justice system makes a difference? The aim should be to pursue clear outcome measures in an objective way, not in a subjective way. M. Kleiman responded that the evaluation was looking for changes in behavior in the criminal justice system. Another participant added that a purpose was to observe what is happening and determine whether it should be replicated, stating that most of the evaluation resources are going into study of cost and outcome measures.

Managing the Media: The Importance of Message Development and Delivery; How to Prepare for Media Interviews

Dotty Diemer, Vice President, Rogers and Associates

The presentation emphasized the importance of "framing the story" for the media. A person designated as a media contact should be prepared for an interview, and identify and prepare any others who might be subjects of an interview, including program clients. The technique of message development is to identify two or three key points that one would like to appear in the media and assure that all those who might be interviewed are prepared to emphasize those key points.

The presenters said it was important to get to know reporters who are covering Proposition 36 . "Don't avoid reporters. Be ready to tell your side of the story. If you don't frame the issue, the media will do it for you."

The following steps were suggested to prepare for an interview:
• Develop three key messages and try to include them in most of your answers
• Anticipate negative questions and have responses prepared
• Keep responses simple; do not use slang
• Listen to the reporter's entire question before answering
• Use your organization's name—not "we"
• Stay on message. Do not repeat a reporter's negative language
• Support your message with hard facts (hard data, statistics, etc.) whenever possible
• Remember that everything said is on the record
• Never speculate about or respond to hypothetical "what if" statements or answer questions outside of your responsibility
• "No comment" is never acceptable. If you cannot answer, always give the report a reason why you cannot comment.

Basics About the Department of Corrections/Parole System in California

Joseph Ossmann, *Community Program Manager, Proposition 36*, Board of Prison Terms
Sharon Jackson, *Assistant Deputy Director*, California Department of Corrections
Craig Toni, *Parole Agent*, California Department of Corrections

Information sheets were distributed to explain the responsibilities and budget of the California Department of Corrections and its parole functions, including a summary of how treatment of parolees and probationers is different from the past under the terms of Proposition 36. The role of the Board of Prison Terms also was explained.

There was an explanation of changes taking effect on October 1, 2002 in how the probation and parole system will handle cases under Proposition 36. Drug treatment and testing can be ordered for those eligible for Proposition 36 upon leaving custody, based on their unit supervisor's recommendation. An "activity report" becomes the parolee's "calling card" when the parolee goes to an assessment center. Based on the assessment, the person is sent to a Substance Abuse Service Coordination Agencies (SASCA), community treatment or a Proposition 36 program. This procedure is now going to be accelerated to expedite entry into treatment under Proposition 36. One question to be resolved: Will treatment be paid for with SASCA funds or Proposition 36 funds?

Under the new system, the parole agent and local parole office will be making decisions on revocation (leaving the Board of Prison Terms out of the process). Local treatment and Proposition 36 personnel will also receive the activity report carried by the parolee. The parole agent, who is local and available to local treatment people, is now the liaison. This creates a need for better communication between Proposition 36 people and the parole agent.

Potential problems identified include: ASI data should be available to the parole agent; and, some SASCA programs are not eligible for Proposition 36 referrals because they are not credentialed.

Preparing the SACPA County Plan

Gavin McCluskey, Manager, SACPA Collaboration, California Department of Alcohol and Drug Programs

Information was presented on how to prepare the SACPA County Plan, including the required narrative and fiscal element, the most common issues encountered during the plan review, and tips on how to avoid the most common problems and delays.

Areas discussed in detail included each of the narrative questions requiring a response, with definitions of "direct services" and "administrative activities" and the data required on entity, service, client projections and capacity. Also discussed was the required county responses for the Substance Abuse Treatment and Testing Accountability (SATTA) portion of the plan, and the problems and delays that might be encountered.

In a discussion of problems in meeting the deadline for submission of the plan, there was a suggestion from the audience that counties consider synchronizing the plan with Net Negotiated Amount (NNA) contract deadlines. Others cautioned against this, pointing out that delays experienced with the NNA submission would have fiscal implications, and smaller counties might not be able to "float" their SACPA program.

The following issues of concern and controversy emerged:

• Counties want a clearer and more complete way to show how they are using SATTA funds, particularly counties that use these funds for drug testing of non-SACPA clients. The way the state has constructed the County Plan format is not sufficient.

• Lack of a parole presence on the county collaborative team hampers the preparation of the county plan. One comment: "Parole involvement is mandated as part of the plan, but parole is not mandated to participate in preparing the plan."

• A few counties learned that SATTA funds may be used for other purposes authorized under the Substance Abuse Prevention and Treatment (SAPT) Block Grant; use is not strictly limited to SACPA client drug testing.

Preparing for a Successful SACPA Audit

Michael Chmielewski, Manager, Office of Internal Audits
Gary Bellamy, Manager, Office of Internal Audits
California Department of Alcohol and Drug Programs

The session provided an overview of the audit process, including a description of what counties can do on an ongoing basis to preclude audit exceptions.

There was a discussion of expectations attached to the requirement for regular fiscal monitoring of expenditures, and how a review of expenditures can satisfy fiscal oversight responsibility.

In preparing for an audit, counties should consider:

• Establishing good internal controls, i.e., the county should require receipts when purchasing equipment or making other major expenditures.

• Developing and implementing a process that records client fee collections.

• Maintaining cost reports to allow cost adjustments for the following year.

Primer on Continuum of Substance Abuse Services

David A. Deitch, PhD, Professor of Psychiatry and Director, Addiction Training Center, University of California, San Diego.

Deitch reviewed the history of treatment for drug addiction in the United States, going back to the end of the 1800s and early 1900s when various drugs were first made illegal. The earliest treatment was confined to detoxification, and the fact that most patients went back to drug use led to prison terms being prescribed for drug offenses. He went on to describe how private innovations introduced new approaches to addiction treatment, with the emergence of various methods of evaluating outcomes. Among the outcome measures are whether the approach decreases drug use, decreases crime, decreases expenditures of public tax funds, and increases tax-productive behaviors and personal well-being.

He went on to explain the differences between drug use, abuse, dependence and addictive behavior. A continuum of care model moves from the least invasive to the most comprehensive kinds of treatment. Law enforcement and other legislative measures attempt to deal with drug use behavior at the same level that church, school, family and peer groups attack the problem. He outlined the kind of interventions in efforts to reduce or avoid drug use, the options of outpatient and inpatient treatment and aftercare, along with the advent of therapeutic communities and prison-based treatment.

In the discussion period, questions were raised about the efficacy of methadone treatment and its cost ($7 to $10 a day, $300 to $400 a month). As to use of other drugs by clients in methadone treatment, Deitch said there have been some problems with use of alcohol, cocaine and methamphetamine by these patients.

Building a Relapse Prevention Component

Steve Loveseth, Substance Abuse Program Manager, Contra Costa County
Curtis Christy, ASA III, Contra Costa County
Honorable Douglas Cunningham, Judge of the Contra Costa County Superior Court

The session focused on a "common sense" approach to reducing recidivism and filling the gap in the Proposition 36 continuum of care, using as a model the Contra Costa County program.

The Contra Costa County program involves courts, probation, treatment providers and others and seeks to give "ownership" to all stakeholders. It attempts to catch clients early when things start getting shaky rather than wait for relapses to occur. One dirty test under Proposition 36 doesn't mean the client gets "shipped out."

The county has built on an existing collaborative structure among the courts, probation and treatment providers, including a judge with a treatment background who endorses relapse prevention as a strategy. The program avoids putting Proposition 36 clients back on the street immediately after treatment—they "slope" downward from treatment rather than being "dropped." The client moves from a formal probation stage to a court probation stage where the emphasis is on relapse prevention. Clients who return to drug use during court probation are put back into formal probation.

These policy issues were raised:

• The artificial separation of felonies and misdemeanors when dealing with treatment (including audit requirements in use of drug court funds and Proposition 36 funds). In moving people from a culture of criminal involvement to a culture of recovery, what is the reason for distinguishing between felony and misdemeanor cases?

• A triage system would concentrate resources on those most likely to be helped by treatment, and those most likely to be helped as misdemeanor cases. Judge Cunningham challenged the theory that treatment can be paid for with what is saved in costs of incarceration; there is no savings in misdemeanor cases, he said, so the balance is skewed toward felons. This led to a suggestion that an effort be made to demonstrate that money is saved by treating misdemeanor clients under Proposition 36. (In Contra Costa County, drug court funds pay for relapse prevention in felony cases while Proposition 36 funds pay for it in misdemeanor cases.)

Early Engagement Strategies for the Potential SACPA Client

Chris Geiger, Vice President, Walden House
Jeanne Obert, Executive Director, Matrix Institute
Barry Melton, Public Defender and Member of the Board of the California Public Defenders Association, Yolo County

The presentation centered on ways to avoid the loss of clients by engaging them in treatment and other program activities prior to a determination of SACPA eligibility. The strategy involves getting the client into a 12-step program or the program of a drop-in clinic between pleading and sentencing. This creates money and budget issues.

There was a discussion of the lapse of time between pleading and sentencing under Proposition 36, which can vary from county to county.

Among questions raised in the discussion:

• How many chances should a person get to resume treatment after a relapse?

• How can resources be allocated to provide for early engagement of potential Proposition 36 clients?

Licensing, Certification and Capacity-Building

David Feinberg, Manager, Residential and Outpatient Programs, Compliance Branch
Lois McNeal, Licensing and Certification Analyst
California Department of Alcohol and Drug Programs

This session covered the process of licensing and certification, and designing a system for the anticipated capacity. The ADP licenses and certifies 24-hour non-medical residential alcohol and other drug (AOD) treatment and recovery programs, along with outpatient AOD programs. It also certifies eligibility for Medi-Cal reimbursement. The purpose of licensing and certification is to protect clients and the public, guarantee quality of service and establish accountability. Licensing is required when various services are provided in a residential setting, and certification is voluntary when the services are provided in an outpatient program.

The presenters went on to describe the different requirements for licensing and certification, and the procedure for on-site inspection by ADP. Inspections are unannounced, and are made at least once during every licensing or certification period. Programs are required to be in substantial compliance, and may be assessed for violations that endanger clients. Site visits also may be based on complaints from clients. Facilities providing detoxification services are monitored most closely because of the physical condition of the clients.

Currently ADP licenses 805 residential sites with a capacity of 19,611 beds, a total that has increased by 23 percent since passage of Proposition 36 in November 2000. There are 807 sites certified, a number which has increased by 103 percent since November 2000.

These suggestions were offered for helping gain an increase in treatment capacity:
• Follow guidelines to be a "good neighbor"
• Participate in community meetings
• Actively investigate any complaints
• Coordinate programs with local law enforcement agencies
• Get the community involved in delivery of program services.

A discussion developed over the issue of licensing or certification of sober living centers, which are being used in conjunction with outpatient treatment because of shortages of residential capacity. These principles are involved: if clients are required by the sober living center to receive services provided by a licensed provider, then the center must be licensed in order to receive funds.

Native Americans as SACPA Partners

Dale Campbell, Executive Director, Sacramento Urban Indian Health Project, Inc.
Tony Cervantes, Staff Services Manager, California Department of Alcohol and Drug Programs
Martin Martinez, Redroad Coordinator, Redwood Valley Little River Band of Pomo Indians/Consolidated Tribal Health
Ethan Nebelkopf, PhD, Clinical Director, Native American Health Center
Sue Six, Associate Governmental Program Analyst, Indian Health Clinic Services/California Department of Social Work

Presenters explained the provisions of Proposition 36 and noted some obstacles evident in extending its provisions to Native Americans. Some district attorneys have discouraged participation of Native Americans in Proposition 36 programs, and some Native Americans have sensed an animosity toward them among providers of the services. In some respects Native Americans have encountered problems similar to other people of color in obtaining services that are sensitive to cultural differences.

Among key themes emerging was the fact that existing Native American treatment centers can provide "culturally competent" technical support to Proposition 36 implementation teams and create a "holistic" approach to treatment. Also, implementation teams should be more willing to collaborate with Native American treatment providers and associated agencies at the local, county and state levels. Support for Native American substance abuse programs has been inconsistent in the past.

A feeling was expressed that Native Americans have not received adequate support for participation in Proposition 36 programs. Native Americans need to be involved in the decision-making process, and in overcoming paperwork barriers in getting Native Americans involved in Proposition 36 programs. More "culturally competent" services are needed from Proposition 36 agencies.